



**FEE \$71.50**  
**GST exempt**  
**1/7/26 - 30/6/27**  
Form No. CLR06v24

**CLARE VALLEY PRESCRIBED WATER RESOURCES AREA**  
**APPLICATION FOR A PERMIT FOR WATER AFFECTING ACTIVITY**  
**USE OF IMPORTED WATER IN THE CLARE REGION**

*Pursuant to section 112 of the Landscape South Australia Act 2019*

*A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.*

**1. APPLICANT DETAILS**

Full Name(s) of applicant(s) \_\_\_\_\_  
OR  
Company Name \_\_\_\_\_  
ACN \_\_\_\_\_  
Contact Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. PROPERTY DETAILS, PURPOSE AND SOURCE OF WATER**

Property details	Use	Area (ha)	Imported Water (ML)	
			Peak	Off-peak
Allotment and CT	e.g. vines	e.g. 10.0 ha	e.g. 5.0 ML	e.g. 5.0 ML

2.1 Additional information should be detailed on a separate sheet and attached. Please tick box  if additional details are attached:

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area: _____				

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 3: SIGNATURE OF THE APPLICANT**

**NOTE: Each applicant must complete ONE (only) of the following alternatives**

I/We declare that the information that has been provided on this application is true and correct.

Note: If signing as a company, two position bearers must sign e.g. Director, Company Secretary. If only one Director then Sole Director must be stated as position held.

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:	
Print Name		
Position held		Date
Signature		
Print Name		
Position held		Date

**Return application and payment to:**  
Department for Environment and Water  
PO Box 240  
BERRI SA 5343

**Make cheques or money orders payable to:**  
Department for Environment and Water

**For credit card payments or other payment options, please telephone:**  
(08) 8372 7561 (Option 3)

**Office Location:**  
28 Vaughan Terrace  
BERRI SA 5343